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**FILED**

May 25, 2012

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

By: Meaghan Goulding  
Deputy Attorney General  
(973) 648-4741

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION  
OR REVOCATION OF THE LICENSE OF

**WILLIAM MILLER, D.P.M.**  
**LICENSE NO.: 25MD00158100**

TO PRACTICE PODIATRY  
IN THE STATE OF NEW JERSEY

: Administrative Action  
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: **ORDER OF**  
: **AUTOMATIC SUSPENSION**  
: **OF LICENSE**  
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This matter was most recently opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of a letter dated May 23, 2012, from David I. Canavan, M.D., Assistant Medical Director of the Professional Assistance Program of New Jersey ("PAP"), which gave notice that Respondent, William Miller, D.P.M., is non-compliant with the filed September 9, 2009 Private Letter Agreement that he had entered into with the Board and with the recommendations of the PAP. Specifically, Respondent has failed to maintain absolute abstinence as required by the Private Letter Agreement. The PAP advised the Board that Respondent has relapsed into substance abuse and has written prescriptions in the names of family members, some of which he used himself. As such, the

**CERTIFIED TRUE COPY**

PAP has established a rehabilitation plan with Respondent, which includes a cessation of practice and treatment.

Respondent's September 9, 2009 Private Letter Agreement with the Board addressed his history of substance abuse and his recent conduct. At that time, information had been received from Respondent's pain management specialist that Respondent's urine test was positive for two medications that were not prescribed to him by her. Respondent stated that he had obtained one of the medications from his primary care physician and the other substance, Suboxone, from a detoxification program. Despite requests from the PAP to produce proof of these claims Respondent did not provide the PAP with the confirming information. In addition, the pain management specialist had reported that Respondent was not willing to try non-narcotic therapies.

Subsequent to this information, Respondent was required to undergo random urine screens but was described as non-cooperative by the PAP. Respondent also cancelled or changed his appointments with the PAP. The PAP reported concerns about Respondent's conduct, which led to the entry of the September 9, 2009 Private Letter Agreement between Respondent and the Board. A copy of the Private Letter Agreement is attached.

Pursuant to Enumerated Paragraph 8 on page 3 of the September 9, 2009 Private Letter Agreement, Respondent consented

To the entry of an Order of Automatic Suspension of license without notice, upon the Board's receipt of any information which the Board, in its sole discretion, deems reliable demonstrating that you have failed to substantially comply with any of the conditions herein, including but not limited to, a report of a confirmed positive urine or a prima facie showing of a relapse or recurrence of alcohol or drug abuse.

In addition, pursuant to the last paragraph of the September 9, 2009 Private Letter Agreement, Respondent consented that

this Private Letter Agreement may be made public at the direction of either the Attorney General or the Board upon your failure to comply with the agreement set forth herein, or in the event new formal disciplinary proceedings are initiated.

The Board finding Respondent in violation of the September 9, 2009 agreement, in that he has been non-compliant with the Board and the PAP by relapsing into substance abuse, and it further appearing that the Board finding the within Order is adequately protective of the public health, safety, and welfare,

IT IS ON THIS 25th DAY OF May, 2012,

ORDERED:

1. The license of Respondent William Miller, D.P.M. to practice podiatry in this State is hereby actively suspended. Respondent shall immediately cease and desist any practice of podiatry in this State.

2. Upon receipt of a filed copy of this Order, Respondent shall return his original New Jersey license and current biennial registration to the New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

3. Upon receipt of a filed copy of this Order, Respondent shall return his original CDS registration to the New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

4. Upon receipt of a filed copy of this Order, Respondent shall immediately advise the DEA of this Order and forward a copy of this Order.

5. Respondent shall comply with the attached directives for physicians who are disciplined or whose surrender of licensure has been accepted by the Board, which are incorporated herein by reference.

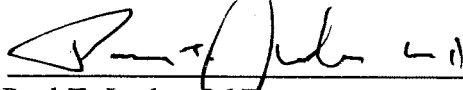
6. The entry of this Order is without prejudice to further action, investigation or

restrictions upon any reinstatement, by this Board, the Attorney General, the Drug Control Unit, the Director of the Division of Consumer Affairs or other law enforcement resulting from Dr. Miller's conduct either prior to or subsequent to the entry of this Order.

7. Respondent shall have the right to apply for removal of the automatic suspension upon written application to the Executive Director of the Board or his designee. Respondent will have an opportunity to present evidence limited to a showing that the urine tested was a false positive or that other information the Board relied upon was false.

8. In the event Respondent wishes to petition the Board for reinstatement of his license to practice podiatry in the State of New Jersey, he shall appear personally before the Board or a Committee of the Board and demonstrate to the satisfaction of the Board that he is capable of discharging the functions of a licensee in a manner consistent with the public's health, safety, and welfare. At the appearance Respondent shall provide at a minimum reports from all professionals who have participated in Respondent's care and/or treatment during the period of time during his suspension, and a report from the PAP detailing the nature and extent of his involvement with that entity. He shall also submit documentation, if any, of all continuing medical education he has completed during his inactive status. Respondent shall be prepared to discuss his readiness to re-enter the practice of podiatry. At that time he shall be prepared to propose his future plans for practice and affirmatively establish his fitness, competence, and capacity to re-enter the active practice of podiatry in New Jersey. Following its review of all the relevant documents and submissions, the Board, in its sole discretion, will determine whether the Respondent is physically and psychologically fit to practice podiatry in the State of New Jersey.

NEW JERSEY STATE BOARD OF  
MEDICAL EXAMINERS

By:   
Paul T. Jordan, M.D.  
President



JON S. CORZINE  
Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Medical Examiners  
P.O. Box 183, Trenton, NJ 08625-0183



ANNE MILGRAM  
Attorney General

DAVID SZUCHMAN  
Director

**FILED**

SEPTEMBER 9, 2009

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

For Delivery Services:

140 East Front St., 3<sup>rd</sup> Floor  
PO Box 183  
Trenton, NJ 08608

(609) 826-7100

FAX: (609) 777-0956

William Miller, DPM  
65 North Taylor Street  
Bergenfield, New Jersey 07621

Re: I/M/O William Miller, DPM  
License No. 25MD00158100

**NOT A PUBLIC RECORD**

Dear Dr. Miller:

The New Jersey State Board of Medical Examiners ("Board") at its May 13, 2009 meeting reviewed the Professional Assistance Program's recommendation to allow you to re-enroll in the Alternative Resolution Program. The Board declined to follow this recommendation and, due to the seriousness of your conduct, is asking you to enter into a Private Letter Agreement with the Board. Upon your assent to its terms, the Board will file this Private Letter Agreement as a confidential document.

This Private Letter Agreement addresses your history of substance abuse and your recent conduct. You suffer from ankylosing spondylitis which causes you chronic pain. You were previously enrolled in the Physician's Health Program<sup>1</sup> for abusing cocaine and self-medicating with opiate analgesics. You remained in the PHP for more than five years and were compliant with the monitoring regime.

In September, 2008, your pain management specialist reported that your urine screen was positive for two medications that she had not prescribed. In addition, she reported that you were unwilling to try non-narcotic therapies. When questioned about your conduct, you reported that you took Tramadol, a medication prescribed a year earlier by your primary care physician. You also stated that you may have taken Suboxone from a seven day pill dispenser while undergoing detoxification at Arms Acres. The Professional Assistance Program ("PAP") requested a discharge summary from Arms Acres and a letter from your primary care physician to confirm this information. To date, no response has been received.

After its receipt of this information, the PAP required that you undergo random, weekly urine screens. You have not been cooperative with the PAP in obtaining these urine screens. Also

<sup>1</sup>Physician's Health Program subsequently became the Professional Assistance Program.

you have repeatedly cancelled or changed appointments with the PAP. The Board is concerned by your recent conduct and fears that this evasive conduct will continue unless you are required to follow the mandates of this Private Letter Agreement. In order to impress upon you the seriousness of your conduct, and to assure both the safety of the public and your compliance with the Board's directives, the Board requests that you privately agree to the following terms:

1. You shall maintain absolute abstinence from all psychoactive substances, including alcohol, except upon prescription from a treating physician for a documented medical condition with advance notification to the Executive Medical Director of the PAP. You shall cause any physician or dentist who prescribes medication which is a controlled dangerous substance to provide a written report to the PAP with patient records indicating the need for such medication. Such report shall be provided to the PAP no later than seven (7) days subsequent to the prescription in order to avoid any confusion which may be caused by a confirmed positive urine test as a result of such medication.

2. You shall attend monthly face-to-face meetings with a clinical representative of the PAP for the first three (3) months after signing this Private Letter Agreement. Thereafter, the face-to-face meetings shall be reduced to every two months. The frequency of the face-to-face meetings thereafter shall be on a schedule determined by the Executive Medical Director of the PAP consistent with your duration in recovery. Notification of any changes in your face-to-face followup with the PAP shall be given to the Executive Director of the Board or his designee.

3. You shall have your urine monitored under the supervision of the PAP on a random, unannounced weekly basis for the first three (3) months. The urine monitoring shall be reduced to random, unannounced twice-monthly screens. Thereafter, urine monitoring shall be on a schedule determined by the Executive Medical Director of the PAP consistent with Respondent's duration in recovery. Notification of any changes in Respondent's urine monitoring shall be given to the Executive Director of the Board or his designee.

The urine monitoring shall be conducted with direct witnessing of the taking of the samples by an individual designated by the PAP. The testing procedure shall include a forensic chain of custody protocol to ensure sample preservation and integrity, and to provide documentation in the event of a legal challenge. The PAP shall be responsible to assure that all urine samples are handled by a laboratory competent to provide these services.

All test results shall be provided in the first instance directly to the PAP and any positive results shall be reported immediately by the PAP to the Executive Director of the Board or his designee. The Board also will retain sole discretion to modify the manner of testing in the event technical developments or individual requirements indicate that a different methodology or approach is required in order to guarantee the accuracy and reliability of the testing.

Any failure by you to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event you are unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be secured from the Executive Medical Director of the PAP, or his designee. Neither a volunteer nor drug clinic staff shall be authorized to consent to waive a urine test. In addition, you must provide the PAP with written substantiation of your inability to appear within two (2) days, e.g. a physician's report, attesting that you were so ill that you were unable to provide the urine sample or appear for the test. "Impossibility" as employed in this provision shall mean an obstacle beyond your control that makes appearance for a test or provision of the urine sample so infeasible that a reasonable person would not withhold consent to waive the test on that day. The PAP shall immediately advise the Board of each instance where a request has been made to waive a urine test together with the PAP's determination in each such case.

4. You shall have all of your treating physicians provide the Executive Medical Director of the PAP with an immediate status report including diagnosis, treatment plan and prescribed medications. Thereafter, you shall ensure that all of your treating physicians submit quarterly status reports detailing your continued treatment and the medications being prescribed.

5. You shall provide appropriate releases to any and all treating physicians, as well as, other parties who are participating in this monitoring program so that all reports, records, and other pertinent information requested by the PAP may be provided in a timely manner.

6. You specifically acknowledge that any recommendations, evaluations, or reports issued by the PAP, your treating physicians, or other parties participating in this monitoring program may be introduced as a matter of public record during the course of any future disciplinary proceedings.

7. The PAP shall provide quarterly status reports to the Board regarding your monitoring as outlined herein including, but not limited to, the urine testing. The PAP shall attach to its quarterly reports any and all appropriate reports and/or documentation concerning any of the monitoring aspects of the within program. The PAP shall immediately notify the Board in the event of any indication of a relapse into substance and/or alcohol abuse, and/or non-compliance with the mandates of this PLA.

8. You hereby consent to the entry of an Order of Automatic Suspension of license without notice, upon the Board's receipt of any information which the Board, in its sole discretion, deems reliable demonstrating that you have failed to substantially comply with any of the conditions herein, including but not limited to, a



report of a confirmed positive urine or a prima facie showing of a relapse or recurrence of alcohol or drug abuse. The evidence upon which the Order of Automatic Suspension is based shall be provided to you within 24 hours of the entry of the Order.

9. You shall have the right to apply for removal of the automatic suspension upon written application to the Executive Director of the Board or his designee. A meeting of a Committee of the Board shall be convened within fourteen (14) days of the receipt of your application to remove the automatic suspension. You shall be granted an opportunity to present evidence limited to a showing that the urine tested was a false positive or that other information the Board relied upon was false. The Committee of the Board shall decide whether or not to grant your application for the removal of the automatic suspension. Such decision shall take effect immediately. The full Board shall review the Committee's decision at its next regularly scheduled meeting.

10. You shall be solely responsible for whatever costs are associated with your participation in the PAP, and your compliance with the recommendations made by the PAP.

11. Entry of this PLA is without prejudice to further investigation and/or disciplinary action by the Board or other law enforcement entities resulting from your conduct prior to entry of this PLA.

Your signature on this Private Letter Agreement indicates your agreement to comply with the terms of this letter. You may wish to obtain the advice of an attorney regarding the terms of this Private Letter Agreement.

This Private Letter Agreement, when signed and dated by you, shall become effective upon filing, as a confidential document, with the Board of Medical Examiners. The Private Letter Agreement will be marked "Not A Public Record" and will be maintained as a part of your file. However, this Private Letter Agreement may be made public at the direction of either the Attorney General or the Board upon your failure to comply with the agreement set forth herein, or in the event new formal disciplinary proceedings are initiated.

Very truly yours,

STATE BOARD OF MEDICAL EXAMINERS

By: 

Paul C. Mendelowitz, M.D.  
President

I have read this Private Letter Agreement. I understand this Private Letter Agreement and I agree to be bound by its terms and conditions. I hereby consent to the entry of this Private Letter Agreement.

William Miller DPM  
William Miller, DPM

8-1-09

Date

Consented to on behalf of the Professional Assistance Program:

L E B Sr.  
Louis E. Baxter Sr., M.D.  
Executive Medical Director  
Professional Assistance Program

cc: Doreen A. Hafner, DAG  
William V. Roeder, Executive Director

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE  
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE  
HAS BEEN ACCEPTED**

**APPROVED BY THE BOARD ON MAY 10, 2000**

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

**1. Document Return and Agency Notification**

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

**2. Practice Cessation**

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

### **3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies**

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

### **4. Medical Records**

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

## **5. Probation/Monitoring Conditions**

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

**NOTICE OF REPORTING PRACTICES OF BOARD**  
**REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.

NAME: William Miller, D.P.M.  
NJ License # 25MD00158100

### ADDENDUM

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number<sup>1</sup>: \_\_\_\_\_

List the Name and Address of any and all Health Care Facilities with which you are affiliated:

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List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:

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Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

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<sup>1</sup> Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.